



2018 HealthFlex Exchange Plans Comparison for Plan Participants

You have six total plans across three types of plans to choose from:

1. one traditional preferred provider organization (PPO) plan,
2. two consumer-driven health plans (CDHP) with health reimbursement accounts (HRA) and
3. three IRS-qualified high-deductible health plans (HDHP) with a health savings account (HSA).

This comparison highlights key differences and similarities between the various plans. Please refer to the *HealthFlex Benefit Booklet* for more details.

For all plans:

- The same network of providers (physicians, hospitals and other health care providers) and the same prescription drug (Rx) formulary apply.
- The medical plan is paired with a specific pharmacy (Rx) plan (P1, P2, P3, P4 or P5 depending on medical plan selection).
- All wellness and preventive services are covered at 100%, with no deductible required.
- The out-of-pocket maximum includes the deductible, co-payments and co-insurance from medical, behavioral health and pharmacy services.
- Inpatient services and outpatient services/procedures (other than office visits) require the deductible to be paid first, then the plan pays the associated co-insurance.

There are also important differences in how each type of plan covers some services. These differences may inform your plan selection:

Plan Feature	PPO (B1000) In Network	CDHP (C2000, C3000) In Network	HDHP (H1500, H2000, H3000) In Network
Deductible	Separate deductible for individual vs. family	Separate deductible for individual vs. family	Full family deductible applies if any dependents are covered
Office Visits, Urgent Care, Emergency Room	Co-payments; do not need to meet deductible	Deductible must be met; then co-insurance	Deductible must be met; then co-insurance
Behavioral Health Visits	Co-payments; do not need to meet deductible	Deductible must be met; then co-insurance	Deductible must be met; then co-insurance
Prescription Drugs (Rx)	Co-payment or co-insurance; do not need to meet deductible	Co-payment or co-insurance; do not need to meet deductible	Deductible must be met; then co-payment/co-insurance
Health Accounts	Eligible for full-use medical flexible spending account (FSA)	Includes an HRA; eligible for full-use medical flexible spending account (FSA)	Includes an HSA*; eligible for limited-use FSA**

The deductible, co-payments and annual out-of-pocket limit are the participant’s share to pay. All other “benefits” are the amounts or percentages that the plan (HealthFlex) pays for a service. If you do not take the HealthQuotient (HQ) during the 2017 incentive period, your deductible will be increased by \$250 (individual coverage) or \$500 (family coverage)—see *Standard Deductible* details on page 2 (footnote).

* H3000 has no plan sponsor HSA funding

** Limited to dental and vision expenses only until the participant notifies WageWorks that the IRS-defined deductible has been met, then for all eligible health care expenses (2018 IRS-defined deductible: \$1,350 individual coverage/\$2,700 family coverage)

Health Accounts Comparison

Health reimbursement account (HRA) and health savings account (HSA)—applicable accounts and **included** funding amounts

Health Account Type and Funding	B1000/P1 "Gold"	CDHP C2000/P2 "Gold"	CDHP C3000/P2 "Silver"	HDHP H1500/P3 "Gold"	HDHP H2000/P4 "Silver"	HDHP H3000/P5 "Bronze"
HRA Single/Family	Not applicable	\$1,000/\$2,000	\$250/\$500	Not applicable	Not applicable	Not applicable
HSA Single/Family	Not applicable	Not applicable	Not applicable	<ul style="list-style-type: none"> • \$750/\$1,500 • personal contribution allowed 	<ul style="list-style-type: none"> • \$500/\$1,000 • personal contribution allowed 	<ul style="list-style-type: none"> • \$0/\$0 • personal contribution allowed

In-Network Medical Plan Benefits Comparison

(Please see the HealthFlex Benefit Booklet for out-of-network details.)

Plan Feature	B1000/P1 "Gold"	CDHP C2000/P2 "Gold"	CDHP C3000/P2 "Silver"	HDHP H1500/P3 "Gold"	HDHP H2000/P4 "Silver"	HDHP H3000/P5 "Bronze"	
Lifetime Benefit Maximum	None	None	None	None	None	None	
Annual In-Network Deductible¹ (Participant pays)	<ul style="list-style-type: none"> • \$1,000 per person • \$2,000 per family <p>Deductible applies to medical and behavioral health. Co-payments do not count toward deductible</p>	<ul style="list-style-type: none"> • \$2,000 per person • \$4,000 per family <p>Deductible applies to medical and behavioral health</p>	<ul style="list-style-type: none"> • \$3,000 per person • \$6,000 per family <p>Deductible applies to medical and behavioral health</p>	<ul style="list-style-type: none"> • \$1,500 per person • \$3,000 per family <p>Deductible applies to medical, behavioral health and pharmacy</p> <p>No individual deductible if more than 1 person is covered</p>	<ul style="list-style-type: none"> • \$2,000 per person • \$4,000 per family <p>Deductible applies to medical, behavioral health and pharmacy</p> <p>No individual deductible if more than 1 person is covered</p>	<ul style="list-style-type: none"> • \$3,000 per person • \$6,000 per family <p>Deductible applies to medical, behavioral health and pharmacy</p> <p>No individual deductible if more than 1 person is covered</p>	
In-Network Co-Insurance	<ul style="list-style-type: none"> • Plan pays • Participant pays 	<ul style="list-style-type: none"> • 80% after deductible • 20% 	<ul style="list-style-type: none"> • 80% after deductible • 20% 	<ul style="list-style-type: none"> • 50% after deductible • 50% 	<ul style="list-style-type: none"> • 80% after deductible • 20% 	<ul style="list-style-type: none"> • 70% after deductible • 30% 	<ul style="list-style-type: none"> • 40% after deductible • 60%
Annual In-Network Out-of-Pocket (OOP) Maximum— Combined Medical, Behavioral Health and Pharmacy Costs (Participant pays)	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family <p>Includes annual deductible, co-insurance and any co-payments</p>	<ul style="list-style-type: none"> • \$6,000 individual • \$12,000 family 	<ul style="list-style-type: none"> • \$6,500 individual • \$13,000 family 	<ul style="list-style-type: none"> • \$6,000 individual • \$12,000 family 	<ul style="list-style-type: none"> • \$6,500 individual • \$13,000 family 	<ul style="list-style-type: none"> • \$6,500 individual • \$13,000 family 	

¹ **Standard Deductible:** Assumes participant and covered spouse (if applicable) meet HealthQuotient (HQ) incentive requirement in 2017.

Please note: If participant and spouse, if applicable, do not take the HealthQuotient during the incentives period, the deductible will be increased by \$250 for individual deductible/\$500 for family deductible.

In-Network Medical Plan Benefits Comparison (continued)

Plan Feature	B1000/P1 "Gold"	CDHP C2000/P2 "Gold"	CDHP C3000/P2 "Silver"	HDHP H1500/P3 "Gold"	HDHP H2000/P4 "Silver"	HDHP H3000/P5 "Bronze"
Preventive Care <ul style="list-style-type: none"> Well child benefits (under age 16) Well adult benefits (16 and over) 	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician (PCP) Office Visit Primary care physicians include internists, general practitioners, family practitioners, obstetricians, gynecologists and pediatricians	\$30 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible
Behavioral Health Office Visits Psychiatrist, psychologist, other mental health professionals	\$15 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible
Outpatient Therapies Physical therapy, occupational therapy, speech therapy, dietitian visit, chiropractor visit	\$30 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible
Specialist Office Visits	\$50 co-payment, then plan pays 100%	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible
Outpatient Services Includes outpatient surgery, outpatient care and outpatient diagnostic services in a hospital, independent lab and X-ray facility Includes intensive outpatient and residential behavioral health services	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible

In-Network Medical Plan Benefits Comparison (continued)

Plan Feature	B1000/P1 "Gold"	CDHP C2000/P2 "Gold"	CDHP C3000/P2 "Silver"	HDHP H1500/P3 "Gold"	HDHP H2000/P4 "Silver"	HDHP H3000/P5 "Bronze"
<p>Emergency Care <i>Notification required within 48 hours if admitted</i></p> <p>Includes behavioral health emergencies</p> <ul style="list-style-type: none"> Physician office Hospital emergency room Outpatient facility or other urgent care facility Ambulance (must be a true emergency as defined in the plan) 	<ul style="list-style-type: none"> \$30 co-payment per PCP visit or \$50 co-payment per specialist visit, then plan pays 100% \$200 co-payment², then plan pays 100% \$100 co-payment², then plan pays 100% Plan pays 80% after deductible 	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible
<p>Maternity Care/ Physician Charges <i>Pre-notification required (verify with physician)</i></p> <ul style="list-style-type: none"> Prenatal care (except ultrasounds) Ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits) 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 50% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 70% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 40% after deductible
Newborn Routine Nursery Inpatient Services	Plan pays 80% (no deductible unless readmitted)	Plan pays 80% (no deductible unless readmitted)	Plan pays 50% (no deductible unless readmitted)	Plan pays 80% (no deductible unless readmitted)	Plan pays 70% (no deductible unless readmitted)	Plan pays 40% (no deductible unless readmitted)
<p>Inpatient Hospital Care (includes behavioral health) <i>Pre-notification required (verify with physician)</i></p>	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible

² Waived if admitted to hospital.

In-Network Medical Plan Benefits Comparison (continued)

Plan Feature	B1000/P1 "Gold"	CDHP C2000/P2 "Gold"	CDHP C3000/P2 "Silver"	HDHP H1500/P3 "Gold"	HDHP H2000/P4 "Silver"	HDHP H3000/P5 "Bronze"
Alternative Therapies Includes massage therapy, acupuncture and naprapathy. Coverage for massage therapy, acupuncture and naprapathy is limited to 35 combined visits per calendar year	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
Special Services <i>Pre-notification required</i> Includes skilled nursing facility (120 days maximum per calendar year), private duty nursing, home health care (60-visit maximum per calendar year) and hospice	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 40% after deductible

Out-of-Network Medical Plan Benefits Comparison

Plan Feature	B1000/P1 "Gold"	CDHP C2000/P2 "Gold"	CDHP C3000/P2 "Silver"	HDHP H1500/P3 "Gold"	HDHP H2000/P4 "Silver"	HDHP H3000/P5 "Bronze"
Out-of-Network Benefits³	Individual/Family DEDUCTIBLE: • \$2,000/\$4,000 OOP Max: • \$10,000/ \$20,000 Co-insurance (plan pays): 60%	Individual/Family DEDUCTIBLE: • \$3,000/\$6,000 OOP Max: • \$12,000/ \$24,000 Co-insurance (plan pays): 60%	Individual/Family DEDUCTIBLE: • \$4,500/\$9,000 OOP Max: • \$13,000/ \$26,000 Co-insurance (plan pays): 30%	Individual/Family Deductible: • \$2,500/\$5,000 OOP Max: • \$12,000/ \$24,000 Co-insurance (plan pays): 60%	Individual/Family DEDUCTIBLE: • \$3,000/\$6,000 OOP Max: • \$13,000/ \$26,000 Co-insurance (plan pays): 50%	Individual/Family DEDUCTIBLE: • \$6,000/\$12,000 OOP Max: • \$13,000/ \$26,000 Co-insurance (plan pays): 20%

³ **Out-of-Network:** Any and all benefits to be paid are subject to Reasonable and Customary provisions, meaning reimbursements are limited to the Maximum Allowance under the plan. Covered individuals are responsible for amounts out-of-network providers charge in excess of the Maximum Allowance. Behavioral health office visits are paid at in-network level for all plans.

Flexible Spending Accounts (FSAs)—Availability

- Dependent care account (DCA)—Annual contribution limit: \$5,000. Available with all plans.
- Medical reimbursement account (MRA)—Annual contribution limit: \$2,600. Full-use MRA available with B1000, C2000 and C3000 only. Limited-use MRA available with H1500, H2000 or H3000. Limited to dental and vision expenses only until the participant notifies WageWorks that the IRS-defined deductible has been met, then for all eligible health care expenses (2018 IRS-defined deductible: \$1,350 individual coverage/\$2,700 family coverage)

Pharmacy Plan Benefits Comparison

Plan Feature	P1 Available with B1000 only		P2 Available with C2000 or C3000		P3 Available with H1500 only		P4 Available with H2000 only		P5 Available with H3000 only	
Deductible	None		None		<ul style="list-style-type: none"> \$1,500 individual \$3,000 family Combined with medical/behavioral health deductible ⁴		<ul style="list-style-type: none"> \$2,000 individual \$4,000 family Combined with medical/behavioral health deductible ⁴		<ul style="list-style-type: none"> \$3,000 individual \$6,000 family Combined with medical/behavioral health deductible ⁴	
Annual Out-of-Pocket (OOP) Maximum— Combined Medical and Pharmacy Costs	In Network <ul style="list-style-type: none"> \$5,000 individual \$10,000 family 		In Network <i>With C2000 medical plan</i> <ul style="list-style-type: none"> \$6,000 individual \$12,000 family <i>With C3000 medical plan</i> <ul style="list-style-type: none"> \$6,500 individual \$13,000 family 		In Network <ul style="list-style-type: none"> \$6,000 individual \$12,000 family 		In Network <ul style="list-style-type: none"> \$6,500 individual \$13,000 family 		In Network <ul style="list-style-type: none"> \$6,500 individual \$13,000 family 	
Amounts shown: Participant pays	P1		P2		P3		P4		P5	
	30-Day	90-Day	30-Day	90-Day	30-Day	90-Day	30-Day	90-Day	30-Day	90-Day
Co-Payments— Generic	\$15	\$35	\$15	\$35	\$15*	\$35*	\$15*	\$35*	Participant pays 60% co-insurance*	
Preferred Brand-Name	20%	20%	25%	25%	25%*	25%*	25%*	25%*	Participant pays 60% co-insurance*	
• Minimum	\$20	\$50	\$25	\$60	\$25*	\$60*	\$25*	\$60*		
• Maximum	\$55	\$140	\$65	\$150	\$65*	\$150*	\$65*	\$150*		
Non-Preferred Brand-Name	25%	25%	30%	30%	30%*	30%*	30%*	30%*	Participant pays 60% co-insurance*	
• Minimum	\$40	\$85	\$50	\$95	\$50*	\$95*	\$50*	\$95*		
• Maximum	\$110	\$240	\$120	\$260	\$120*	\$260*	\$120*	\$260*		

*After deductible is met

HealthFlex includes a number of drug utilization management programs to maximize safety and cost efficiencies. These include:

- **Mandatory Generics:** HealthFlex (plan) will cover only the cost of the Generic Drug equivalent. If a participant requests a Brand-Name Drug when there is an equivalent Generic Drug available, the participant will be charged one amount equal to the applicable Generic Drug Co-payment (e.g., \$15 at retail) plus the cost difference between the Brand-Name Drug and the Generic Drug.
- **Maintenance Medication Requirement:** Under the plan, participants are allowed a total of three 30-day fills of a maintenance medication at a Retail Pharmacy (one original fill plus two refills), at which time the medication must be obtained in 90-day fills through the OptumRx Mail-Order Pharmacy or through a Walgreens Retail Pharmacy. Additional 30-day fills at Retail will not be covered by the plan; the participant will pay for such refills at the full price, even if it is a Participating (in-network) pharmacy. Each Retail prescription fill can be for no more than a 30-day supply.
- **Prior Authorization and Step Therapy Programs:** Some medications are only covered for specific medical conditions or for a specific quantity and duration. OptumRx, in cooperation with your physician, determines the coverage based on clinical guidelines. Prior authorization may include: quantity limits, step therapy, or restriction of coverage to certain populations or conditions.

This summary highlights some of the features of these benefit plans. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the plan documents, policies and the HealthFlex Benefit Booklet (collectively, the "Documents") maintained by Wespeth Benefits and Investments. If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.

Please note: Due to federal health care reform legislation, certain benefits may be subject to change in the future.

⁴ **Standard Deductible:** Assumes participant and covered spouse (if applicable) meet HealthQuotient (HQ) incentive requirement in 2017.

Please note: If participant and spouse, if applicable, do not take the HealthQuotient during the incentives period, the deductible will be increased by \$250 for individual deductible/ \$500 for family deductible.

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